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<input checked="" type="checkbox"/> Customer Number OR <input type="checkbox"/> Request for Customer Number (PTO/SB/125) submitted herewith.	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">82359</div> <i>Customer Number</i>		<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> <i>Customer Number Bar Code</i>

  

<b>in the following listed application(s) or patent(s):</b>			
Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U. S. Filing Date
	09/867,845		05/29/2001

  

Typed or Printed Name	Brenda Wallach		(check) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of record	
Signature	/Brenda Wallach/			
Date	September 29, 2008	Telephone		(858)720-7961
Address of signer: MORRISON & FOERSTER LLP 12531 High Bluff Drive, Suite 100 San Diego, California 92130-2040				
45,193 (Reg. No.)				

  

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.
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